

DCB INC CERTIFICATION FORM

To: Delaware Certification Board, Inc.
100 W. 10th St., Suite 106
Wilmington, DE 19801

The applicant named below has applied for licensure as a Chemical Dependency Professional in the State of Delaware. Please verify that s/he is a Certified Alcohol and Drug Counselor (CADC) in good standing and return this form to the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals at the address above. Thank you in advance for your assistance.

Part 1 - To be completed by Applicant:

Name: _____ Phone: _____

Address: _____

_____ Zip Code: _____

Certification No. _____ Date Certified: _____ Expiration Date: _____

I hereby authorize the Delaware Certification Board, Inc., to release information regarding my certification to the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals.

Signature of Applicant

Date

Part 2 - To be completed by an Official of the Delaware Certification Board, Inc.:

Is the applicant currently certified as represented above? Yes _____ No _____

Is the applicant currently in good standing?

Yes _____ No _____

Part 2 Continued

If the answer to either of the above is “no,” please give full particulars: _____

Name of DCB INC Official: _____

Phone: _____

Signature of DCB INC Official

Date